

Posted and updated as of 1/26/05. Please note that new questions that have been asked since the last update are highlighted in **RED** font.

FREQUENTLY ASKED QUESTIONS FOR THE CHILD & ADOLESCENT HEALTH CENTER REQUEST FOR PROPOSAL PROCESS

Questions Relevant For All Applicants:

Question: Who is authorized to sign the assurance statements on page 1, 1a, and 1b of the application instructions?

Answer: Page 1, 1a, and 1b must include an original signature from the Superintendent of the school district or an authorized individual from the Applicant/Sponsoring Agency. If someone from the Applicant/Sponsoring Agency signs the assurances, they must have binding authority for the agency.

Question: The guidance document states that an organization can apply for more than one grant in different geographic locations. What is considered a geographic location?

Answer: A geographic location can be a county, district, or even more specifically a different school building or location in the district or a city. Please note that an applicant can apply for more than one center in different geographic locations (separate school buildings or one community site and one school site that targets separate populations). An applicant could also apply for both a clinical and non-clinical model in the same area IF the applicant can clearly document the need for both models among the target population. Separate applications, signed assurances, budgets, letters of need and support, and applicable attachments would be required for each proposal.

Question: If you target AYP schools in your work plan, do you get the 7 bonus points for servicing AYP schools?

Answer: In order to receive the 7 bonus points, the center must be located in an AYP school or school district (depending on if school-based or school-linked services are being proposed). For applicants proposing a school-based health center, the center must be located in an AYP school to receive the 7 bonus points.

Question: We already have a High School clinic that is funded through this program. If we decide to apply for another clinic at a different site, will our proposals be competing against each other?

Answer: Yes, the proposals will be competing against each other, but please note that there is funding to support expanding this program and adding up to 25 new sites.

Question: On page 10 of the RFP, a statement indicated that if an agency has not had an existing center grant, and the agency is successful in obtaining a clinical center grant, the center must be operational within 90 days of the start of the grant cycle, which we took to mean June 30, 2005 since the grant cycle begins April 1, 2005. Later in the RFP, a

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statement indicates that such a center must be operational by October 1, 2005. These dates appear to be conflicting. Could you clarify?

Answer: For centers not currently funded through the CAHC grant, in order to apply as an existing center, you must be operational and meeting State minimum standards (see Minimum Program Requirements which are located in the attachments of the RFP Guidance) within three months of the contract start date (April 1). Therefore, by July 1, you would need to be an operational clinic. Current state-funded sites have been funded through September 30, 2005 and therefore would need to ensure that any services proposed through this grant are operational by October 1, 2005.

Question: In at least two locations in the RFP, it states that if an organization will have a center in more than one location, the organization must submit an application and budget for each location. We have a consortium that will propose to operate 3 centers in 3 middle schools in neighboring communities within a county. Should this configuration be counted as one “geographic location” as described in an early message board question, or three separate geographic locations?

Answer: For the scenario listed above, the organization would need to submit 3 separate applications with 3 separate budgets.

Question: How many centers were funded last year and is there a list of all of the centers and where they are located?

Answer: The State provided CAHC funding to 22 clinical centers and 9 non-clinical centers last year. The list of current CAHC clinical and non-clinical centers is posted on MDE’s web along with the other RFP materials.

Question: Is the main focus of this grant on Teen/Adolescent centers or is there equal or more emphasis on Elementary Centers this year?

Answer: There is no emphasis in either direction in terms of adolescent vs. elementary centers for this competitive process. There are no extra points for targeting any one age group.

Question: If a health coordination site that is currently state-funded to provide comprehensive school health education is awarded a grant for a local non-clinical health center, will that site have to forfeit its regional health education funding?

Answer: No, your site would not forfeit its regional health education funding if awarded funding through the Child & Adolescent Health Center competitive process. The two programs are distinct with different target populations that can be served through programming.

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Question: Who should the letters of need and commitment be addressed to?

Answer: Letters of need and commitment can be addressed to the Executive Director or CEO of the applicant agency, to Carrie Tarry at MDCH or Elizabeth Haller at MDE. Any of these options is fine.

Question: In one spot in the guidance, it states that proposals are due Friday, February 14th; in another place it states that proposals are due Monday, February 14th. Is the proposal due on Monday, February 14th?

Answer: Yes. There was a typographical error; proposals are due by Monday, February 14th. Applicants should remember that proposals cannot be hand-delivered to MDCH so must be mailed in time to reach MDCH by Monday, February 14th. Please consult the guidance for complete mailing instructions and information on acceptable postmarks.

Question: Can another existing collaborative committee in our community serve as the advisory board for the center?

Answer: Yes, as long as the existing collaborative committee is able to meet all of the requirements of the advisory board in terms of membership composition, meeting frequency, policy approval, recommendation of services for the center, etc.

Clinical CAHC Questions:

Question: Can one letter serve as both a letter of need and a letter of support?

Answer: Yes, one letter can serve as both a letter of need and a letter of support if the letter clearly documents the lack of services in the proposed geographic area and *also* includes statements supporting the proposal and the applicant's ability to accomplish the proposed proposal.

Question: In the RFP Minimum Program Requirements (MPRs) for adolescent health centers (*pg 38 of the application guidance*), it states that the Advisory Committee must be comprised of 2/3 parents, but in the elementary MPRs it states the Advisory Committee must be comprised of 1/3 parents. Is this correct?

Answer: No, this is not correct. Both Advisory Committees must be comprised of at least 1/3 parents. The 2/3-parent requirement is a typo.

Question: The RFP MPRs for adolescent health centers (*pg 36 of the application guidance*) lists the target population as 11-21 year olds while the body of the application guidance states that the target population for adolescent health centers is 10-21 year olds. Which is correct?

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Answer: The target population for adolescent clinical and non-clinical centers is **10-21** year olds.

Question: Can you have more than one provider making up the 30 hours of clinical services or does it have to be delivered by one provider?

Answer: The requirement for the program is to provide 30 hours of clinical services by either a Nurse Practitioner, Physician Assistant, and/or Physician. These 30 hours of service can be staffed by one provider or multiple providers. When determining the staffing pattern of the clinic, keep in mind that a key underpinning of this program is that in order to develop a trusting relationship with these kids, particularly adolescents, you need to have a consistent presence in the school or community. If you are rotating multiple providers through the center, this may not be accomplished.

Question: Can you clarify what “clinical services” are in terms of clinical services being offered during open hours? Is it basically the services listed in #2 on page 36?

Answer: Yes, the clinical services encompass those referenced in MPR#2 on page 36 of the application guidance.

Question: We have an existing center in an elementary school with approximately 300 students enrolled. We have a middle school within walking distance to this elementary school and we currently serve some kids from the middle school at the elementary center. Can we serve kids from both the elementary and middle schools to reach the minimum of 500 unduplicated clients?

Answer: Yes. Applications should focus on reaching one primary population; however, in this scenario, youth served at the clinic that are from the middle school could be counted toward the number of unduplicated clients. MDCH will negotiate the minimum number of unduplicated clients to be seen at each funded clinic once successful applicants are notified and the contract process is underway. Note that, if successful, the center may need to develop separate policies, clinic hours, etc. for the two populations, but this should not preclude your organization from providing services to both populations.

Question: Am I correct in reading that we only need goal/objective/activities for one of the Medicaid Outreach areas and not all five for clinical centers?

Answer: That is correct, the workplan should include at least one goal and related objectives and activities specifically addressing how the center proposes to provide Medicaid outreach and facilitate access to Medicaid preventive services. The narrative for clinical centers should include a description of how the center proposes to meet of all five of the required Medicaid outreach areas.

Non-Clinical CAHC Questions:

Question: Do you have to have an existing non-clinical program in order to apply for a non-clinical grant?

Answer: An applicant is considered to have an “existing” program if the services/programming can be operational (i.e. up and running) within 3 months of the contract start date, which is April 1, 2005.

Question: Due to the tight education budget we have lost our school nurse. Can the School-Based and School-Linked Child and Adolescent Health Centers (SBSL-CAHC) grant/funding be used to hire a nurse for the district? If not can our RESSA apply for funds to provide more nursing services to all of the districts in the county?

Answer: The non-clinical CAHC model could include nursing services for a school or school district. The proposed services must be based on the needs of the target population, which must be documented in the need section of the proposal. If nursing services are a need for the 10-21 year old population in your district, this would be an appropriate service to provide through the non-clinical model. Refer to the non-clinical minimum program requirements (MPRs) that are included in the attachments of the application guidance for more information.

Question: Our community has a collaborative effort that is addressing the issue of obesity, nutrition and physical education in youth in schools, which is one of the mandatory focus areas. There are no existing funds attached to this effort, but the program, and the program’s goals and objectives, have been laid out and are compatible with what we want to accomplish through the non-clinical teen health center, if we are successful in our grant application. Can we incorporate this effort into our workplan?

Answer: It is okay to join forces with other collaborative efforts in the community, particularly if the effort is aligned with the purpose and goals of the non-clinical teen health center and meets the needs of the target population to be served by the non-clinical teen health center programming. Funds should not be used to supplant other funding.

Question: Am I correct in reading that we only need goal/objective/activities for one of the Medicaid Outreach areas and not all three for non-clinical centers?

Answer: That is correct, the workplan should include at least one goal and related objectives and activities specifically addressing how the non-clinical center proposes to provide Medicaid outreach and facilitate access to Medicaid preventive services. The narrative should include a description of how the center proposes to meet Medicaid outreach areas 1, 2 and 5.

Planning Grant Questions:

Question: Will all planning grants that are selected for funding through this competitive process automatically receive funding for the 3-year funding cycle that starts October 1, 2005?

Answer: Not necessarily. There is funding to support up to 10 planning grants for the 3-year funding cycle that starts October 1, 2005. For the six-month planning process starting April 1, 2005, the State expects to award approximately 15 communities with planning grants.

Question: Can we apply for a planning grant for a non-clinical center?

Answer: No, planning grants are *only* for applicants interested in starting a clinical CAHC.

Question: We are considering writing for a planning grant for a school based/linked health center. Do we have to identify a specific school or school district that we are targeting for services or can we just use our county as our service area? In other words, can the identification of the specific location for services be part of the planning process or do we need to have this decided for the proposal?

Answer: You *do* have to identify a specific school that you are considering targeting with this program. However, if, during the planning process, the advisory group decides that there is a different location that is either better suited for this program or where the need is greater, there will be an opportunity to change your service area. This change will need to be jointly approved by MDE and MDCH.

Question: Is it necessary to come up with a local match of 30% for the planning grants?

Answer: Yes, planning grants must also have a 30% local match of the amount requested. Please note that this can be either a hard or soft match.

Question: Is it possible for the applicant for the planning grant to be one entity and then determine the applicant for implementation through the planning process?

Answer: Yes, the applicant for the planning grant (i.e. the applicant in charge of convening and organizing the planning process) can be different than the entity that ends up implementing the center (i.e. you can change applicants once you know who will be overseeing the operations of the clinic).

Question: Where can we locate data on the number of uninsured and underinsured persons by county?

Answer: On page 18 of the application guidance, there are several suggested resources listed to assist planning communities with finding “need” data, including Kids Count

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2004 and the Michigan Primary Care Association Website. Local Health Departments should also be used as a resource for need data.

Question: If we apply for a planning grant, is it \$75,000 and then if approved to move forward with implementation, an additional \$175,000 starting in October 2005? Or, is the \$75,000 for planning part of the \$175,000?

Answer: If awarded funding for a planning grant, each applicant will receive \$75,000 for the period of April 1 – September 30, 2005. After this six-month period, those planning communities selected to move forward with implementing a clinical center would receive \$175,000 for the period of October 1, 2005 – September 30, 2006.

Question: The RFP state that there is a 10-page limit on the narrative for the planning grants. For clinical grants, however, the 30-page limit excludes the work plan, cover letter, table of contents, and budget. Does this hold true for the planning grants as well?

Answer: Yes, it does. The work plan, cover letter, table of contents, letters of commitment, letters of need, required worksheets and budget are not included in the 10-page limit for planning grants.

Question: Is an interagency agreement with the school needed for the planning grant?

Answer: No, an interagency agreement with the school is not needed for the planning grants. Applicants for planning grants should have a letter of support/commitment from the school in which they are exploring service provision.

Question: In regards to policies and procedures, are they required for inclusion in planning grant applications?

Answer: No. Policies and procedures are not necessary for planning grant applications.